								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									09/750,888					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	EN	ΠΙΤΥ □	OR	OTHER		
TOTAL CLAIMS							RAT		=	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			/ 3 minus 20=		•			X\$ 9=			OR	X\$18=		
INDEPENDENT CLAIMS			4 minus 3 = 1		1		X40=				OR	X80=	80	
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT					405					00,	
• It	the difference	in column 1 is	less than zero, enter "0" in column 2			olumn 2	ı	+135=			OR	+270=		
CLAIMS AS AMENDED - PART II								TOTA	r I		OR	TOTAL	THAN	
(Column 1) (Column 2) (Column 3)								SMALL ENTITY			OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 29	Minus	. 6	20	= 9	XS	X\$ 9:	=		OR	X\$18=	1620	
	Independent	· //	Minus	***	3	= 7		X40=			OR	X80=	6/600	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=				+270=		
							L	TOT			OR	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. F	EE		OR	ADDIT, FEE	·	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	٠.	HIGH NUM PREVIO PAID	IEST IBER OUSLY	PRESENT EXTRA		RATI		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		•			-	0	OR	X\$18=		
	Independent							X40=			OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=			OR	+270=		
								TOT ADDIT. F	AL EE		OR	TOTAL ADDIT. FEE		
		(Column 1)	, <del></del>	(Colui		(Column 3)								
AMENDMENT C	·	REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		<b>-</b>	] [	X\$ 9=	_ ]		OR	X\$18=		
AME	Independent	•	Minus	•••		<u> </u>	<b> </b>	X40=	1		OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-4			<b></b> _	<b>!</b>	

+135=

<sup>&</sup>quot;If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE

OR

ADDIT. FEE

OR

ADDIT. IT The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Commissioner is hereby authorized to charge payment for any fees associated with this communication or credit any over payment to Deposit Account No. 16-1350.

Respectfully submitted,

1~

Janik Marcovici Reg. No. 42,841 10/22/04 Date

Perman & Green, LLP 425 Post Road Fairfield, CT 06824 (203) 259-1800 Customer No.: 2512

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date indicated below as first class mail in an envelope addressed to Mail Stop Amendment, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: 10/22/04

Signature:

Person Making Deposit